Attachment I, UIPL No. 11-93
Preparation and Transmission of UCX-DD Form 214/UCFE Inquiries

A. Purpose:

    To define the format to be used in preparinq UC%/UCFE claims
    control inquiries and procedures to be followed in their
    transmission to the LCCC.

B. Responsibilities of SESAs:

    It will be the responsibility of each SESA to ensure the proper
    formatting of inquiries. For UCX inquiries, see the Record
    Description on Page 3 and Data Element Description on Page 4 in
    Attachment I. For UCFE inquiries, see the Record Description on
    Page 6 and Data Element Description on Page 7 in Attachment I. In
    addition, if a magnetic tape of inquiries is mailed to the LCCC,
    in lieu of the submission of magnetic card images via INTERNET,
    the SESA shall also complete and submit the batch transmittal
    cover letter as prescribed in Attachment II.

C. Instructions:

    The central office of the SESA will send the prescribed 80
    column, machine readable, inquiry record to the LCCC for each
    claimant who makes an initial application for UCX/UCFE benefits.
    The request will be sent by the SESA immediately upon the taking
    the claim, whether or not a UCX/UCFE determination has been made.
    Daily inquiry batches are encouraged.

    The inquiry record should be a machine readable, magnetic image
    to allow for transmission via INTERNET and/or magnetic tape. The
    record is arranged in an 80 character (byte) format.

    Each UCX record will contain the State code, Local Office Number,
    the UCX claimant's Social Security Number (SSN) as shown the DD
    Form 214, the claimant's first name, middle initial, last name,
    any other SSN belonging to the claimant, Separation from Active
    military duty, Indicator as to copy of DD Form presented to the
    local office, and Branch of Service, Date Initial Claim Filing,
    and optionally a request by the SESA to cancel a previous inguiry
    from the LCCC files.

    Each UCFE record will contain the State code, Local Number, the
    UCX claimant's Social Security Number (SSN) as shown the ES Form
    931, the claimant's fires name, middle initial, and last name,
    any other SSN belonging to the claimant, Date of initial Claim
    Filing, a transmittal number, a UCFE inquiry indicator and
    optionally a request by the SESA to cancel a previous inquiry
    from the LCCC files.

A transmittal form, Attachment II, will be completed and mailed to the LCCC upon the submission of inquiries to the LCCC via magnetic tape. Inquiries sent via INTERNET do not require the submission of this form.

Each tape transmittal form will contain the name of the SESA's UCX/UCFE liaison, State Code, State name, number of records transmitted, magnetic tape information and transmittal number.

Magnetic tape information required includes the following:

a. OS/Standard Label or None.
b. DSN (Data Set Name).
c. VOL=SER-(tape number).
d. BPI of tape (1600 or 6250)
e. Number of records on tape.
f. Machine type which generated the tape.
g. Date of transmission/mailing.

All tapes must have external Labels and should be sent in protective cases which will be returned to the SESA.

The Tape Transmittal Number for each State will be a number representing the year, hyphen, and a consecutive number beginning with one (1). For example, typical transmission numbers are 79-1, 79-2, 79-3, .. 79-365, 80-1.

<div align="center">LCCC Record Format</div>

File: SESA UCX Claims Control Inquiry/Cancel Request

Record: SESA-INQ-REC

Field No.	Position From	To	Picture	Data Element Name
1	1	2	99	STATE-CODE
2	3	6	X (4)	Local-Off (ALPHANUMERIC)
3	7	15	9 (9)	SSN -214 (NORMAL ORDER)
4	16	27	A (12)	NAME-FIRST (ALPHA, LEFT JUSTIFIED)
5	28	28	A	NAME-INITL (ALPHA OR SPACE)
6	29	45	A (17)	NAME-LAST (ALPHA, LEFT JUSTIFIED)
7	46	54	9 (9)	SSN-OTHER (NUMERIC > OR = ZEROS)
8	55	59	9 (5)	SEP-DATE (YYDDD SEP'D ACTV DTY)
9	60	60	9	DD 214 COPY (0 THRU 8)

10	61	62	99	SERV-BRANCH (01 THRU 05)
11	63	68	A (6)	CANCEL-REQ (SPACES OR "CANCEL")
12	69	74	9 (6)	DTE-CLM-FLD (YYMMDD OR ZEROS)
13	75	80	A (6)	FILLER (SPACES)

DATA ELEMENT DESCRIPTION
FOR UCX CLAIMS CONTROL INQUIRY

*	FIELD LABEL	DESCRIPTION
1	STATE-CODE	is a two byte numeric field indicating the standard MAIPS/FIPs State code.
2	LOCAL-OFFICE	is a four byte alphanumeric field indicating the code assigned to the local office in which the UCX claim was filed.
3	SSN-214	is a nine byte numeric field the Social Security Number under which the DD Form 214 was issued.
4	NAME-FIRST	is a 12 byte alphabetic field for the claimant'. first name.
5	NAME-INITIAL	is a one byte alphabetic field for the claimant's middle initial.
6	NAME-LAST	is a 17 byte alphabetic field for the claimant's last name.
7	SSN-OTHER	is a nine byte numeric field indicating any other Social Security N~mber assigned to the claimant. This should otherwise be zero filled.
8	SEP-DATE	is a five byte numeric field indicating the actual date of separation from active duty as shown on the DD Form 214. It is represented in Julian date format (YYDDD).
9	DD 214-COPY	is a one byte numeric field indicating what copy, if any, was presented to local office at initial claim filing ranges from a value of 0 through 8.
10	SERVICE-BRANCH	is a two byte numeric code indicating

which branch of service from which the claimant was discharged.

                01 - ARMY
                02 - NAVY
                03 - AIR FORCE
                04 - MARINE CORPS
                05 - COAST GUARD

11 CANCEL-REQUEST   is a six byte alphabetic field. If SESA desires to cancel a UCX inquiry, complete field numbers one through and field numbers eight through 12. The contents of field number 11 should be used to "Cancel and it should only be used to cancel an existing inquiry. <u>This field should be left blank (space filled) for transmittal of regular inquiries</u>.

12 DATE-CLAIM FILED   is a six byte numeric field representing the date the initial UCX claim was filed. The date is in YYMMDD format. Otherwise, this field should be zero filled.

13 FILLER   is a six byte field which is space filled.

LCCC Record Format

File: **SESA UCFE Claims Control Inguiry/Cancel Reguest**

Record: **SESA-INQ-REC**

Field No.	Position From	To	Picture	Data Element Name
1	1	2	99	**STATE-CODE**
2	3	6	X (4)	**Local-Off (ALPHANUMERIC)**
3	7	15	9 (9)	**SSN -214 (NORMAL ORDER)**
4	16	27	A (12)	**NAME-FIRST (ALPHA, LEFT JUSTIFIED)**
5	28	28	A	**NAME-INITL (ALPHA OR SPACE)**
6	29	45	A (17)	**NAME-LAST (ALPHA, LEFT JUSTIFIED)**
7	46	54	9 (9)	**SSN-OTHER (NUMERIC > OR = ZEROS)**
8	55	6	9 (5)	**DATE-CLM-FLD (YYMMDD)**

9	61	65	A (5)	TRANSML NO (YYDD)
10	66	71	A (6)	CANCEL-REQ (SPACES OR "CANCEL")
11	72	79	A (8)	FILLER (SPACES)
12	80	80	A	UCFE CODE (Value "F")

DATA ELEMENT DESCRIPTION
FOR UCFE CLAIMS CONTROL INQUIRY

•	FIELD LABEL	DESCRIPTION
1	STATE-CODE	is a two byte numeric field indicating the standard MAIPS/FIPs State code.
2	LOCAL-OFFICE	is a four byte alphanumeric field indicating the code assigned to the local office in which the initial UCFE claim was filed.
3	SSN	is a nine byte numeric field representing the claimant's Social Security Number.
4	NAME-FIRST	is a 12 byte alphabetic field for claimant's first name.
5	NAME-INITIAL	is a one byte alphabetic field for the claimant's middle initial.
6	NAME-LAST	is a 17 byte alphabetic field for claimant's last name.
7	SSN-OTHER	is a nine byte numeric field indicating any other Social Security Number possibly assigned to the claimant. This field should otherwise be zero filled.
8	DATE-CLAIM-FILED	is a six byte numeric field representing the date the initial UCFE claim was filed. The date is in YYDDD format. Otherwise this field should be zero filled.
9	TRANSMITTAL-NO.	is a five byte numeric field indicating the SESA's transmission number coding scheme, most commonly a Julian date format (YYDDD).
10	CANCEL-REQUEST	is a six byte alphabetic field. If a SESA desires to cancel a DCFE inquiry, complete field numbers one through six and field numbers eight through 12. The contents of

field number ten should only be used to "Cancel" and it should only beused to cancel an existing inquiry. <u>This field should be left blank [apace filled, for transmittal of regular inquiries</u>.

11 FILLER   is a six byte field which is space filled.

12 UCFE CODE   is a one byte alpha code, valued "F", indicating this an UCFE claims control inquiry.